State of New Mexico

40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Find an eye doctor

(Insight Network)

- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

Heads up

You may have additional benefits. Log into **eyemed.com/member** to see all plans included with your benefits.

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	$10 copay	Up to $40
Retinal Imaging	Up to $39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	$0 copay; paid in full fit and two follow-up visits	Up to $40
Fit and Follow-up - Premium	$40 copay; 10% off retail price less $40 allowance	Up to $40
FRAME		
Frame	$0 copay; 20% off balance over $150 allowance	Up to $50
STANDARD PLASTIC LENSES		
Single Vision	$15 copay	Up to $40
Bifocal	$15 copay	Up to $60
Trifocal	$15 copay	Up to $80
Lenticular	$15 copay	Up to $100
Progressive - Standard	$50 copay	Up to $60
Progressive - Premium Tier 1	$95 copay	Up to $60
Progressive - Premium Tier 2	$105 copay	Up to $60
Progressive - Premium Tier 3	$120 copay	Up to $60
Progressive - Premium Tier 4	$190 copay	Up to $60
LENS OPTIONS		
Anti Reflective Coating - Standard	$45	Up to $5
Anti Reflective Coating – Premium Tier 1	$57	Up to $5
Anti Reflective Coating – Premium Tier 2	$68	Up to $5
Anti Reflective Coating – Premium Tier 3	$85	Up to $5
Photochromic – Non-Glass	$65	Up to $5
Polycarbonate – Standard	$30	Up to $5
Polycarbonate – Standard – Dependent Children	$0 copay	Up to $5
Scratch Coating – Standard Plastic	$0 copay	Up to $5
Tint – Solid or Gradient	$0 copay	Up to $5
UV Treatment	$12	Up to $5
High Index	$55	Up to $5
Oversized	$0 copay	Up to $5
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts – Conventional	$0 copay; 15% off balance over $150 allowance	Up to $105
Contacts – Disposable	$0 copay; 100% of balance over $150 allowance	Up to $105
Contacts – Medically Necessary	$0 copay; paid in full	Up to $210
OTHER		
Hearing Care from Amplifon Network	Discounts on hearing exam and aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY		
Exam	Once every calendar year	
Frame	Once every other calendar year	
Lenses	Once every calendar year	
Contact Lenses (Plan allows member to receive either contacts and frame, or frames and lens services)	Once every calendar year	

Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Benefits are not provided from services or materials arising from: 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care 9) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order. 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered-fund as a Bifocal lens. Standard Progressive lens covered-fund Premium Progressive as a Standard. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered. Benefit allowance provides no remaining balance for future use within the same benefit year.

Ready to live your best EyeMed life?

There's so much more to your vision benefits than copays and coverage. Get ready to see the good stuff for yourself.

Your network is the place to start

See who you want, when you want. You have thousands of providers to choose from – independent eye doctors, your favorite retail stores, even online options.

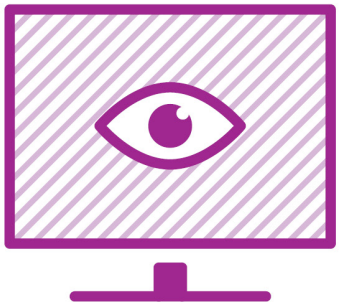
Keep your eyes open for extra discounts

Members already save an average 71% off retail using their EyeMed benefits,[1] but our long list of special offers takes benefits even further.

Remember, you're never alone

We're always here to help you use your benefits like a pro. Stay in-the-know with text alerts or healthy vision resources from the experts. If it can make benefits easier for you, we do it.

[1] Based on weighted average of sample transactions; EyeMed Insight network/$10 exam copay/$10 materials copay/$120 frame or contact lens allowance.



Create a member account at eyemed.com

Everything is right there in one spot. Check claims and benefits, see special offers and find an eye doctor – search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed Members App (Google Play or App Store).

INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION EST. 1961 TARGET OPTICAL

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